**Washington State School Directors’ Association**

**Application for Employment**

This application form will be used as a working document by the screening committee. Please fill in all fields. If there is insufficient space for any answer, attach a sheet of paper with your name on it and indicate which section(s) you are continuing. If completing this form by hand, please print in black ink.

**1. General Information**

|  |
| --- |
| Name (Last, First, and Middle Initial)      |
| Mailing Address (Include apartment number, if any)      | E-Mail Address      | Home Telephone       |
| City      | State      | ZIP      | Work Message Telephone      |

**2. Employment History**

Please provide employment history in reverse chronological order.

|  |  |  |
| --- | --- | --- |
| 1. Current or Last Employer  | Employer’s Address      | Employer’s Phone Number      |
| Your Title      | Months & Years Employed in this PositionFrom       /       To       /       | Total Months      |  |
| Immediate Supervisor’s Name      | Reason for Leaving      | Number of Employees Supervised      |
| 2. Previous Employer      | Employer’s Address      | Employer’s Phone Number      |
| Your Title      | Months & Years Employed in this PositionFrom       /       To       /       | Total Months      |  |
| Immediate Supervisor’s Name      | Reason for Leaving      | Number of Employees Supervised      |
| 3. Previous Employer       | Employer’s Address      | Employer’s Phone Number      |
| Your Title      | Months & Years Employed in this PositionFrom       /       To       /       | Total Months      |  |
| Immediate Supervisor’s Name      | Reason for Leaving      | Number of Employees Supervised      |
| 4. Previous Employer      | Employer’s Address      | Employer’s Phone Number      |
| Your Title      | Months & Years Employed in this PositionFrom       /       To       /       | Total Months      |  |
| Immediate Supervisor’s Name      | Reason for Leaving      | Number of Employees Supervised      |
| 5. Previous Employer       | Employer’s Address      | Employer’s Phone Number      |
| Your Title      | Months & Years Employed in this PositionFrom       /       To       /       | Total Months      |  |
| Immediate Supervisor’s Name      | Reason for Leaving      | Number of Employees Supervised      |
| 6. Previous Employer      | Employer’s Address      | Employer’s Phone Number      |
| Your Title      | Months & Years Employed in this PositionFrom       /       To       /       | Total Months      |  |
| Immediate Supervisor’s Name      | Reason for Leaving      | Number of Employees Supervised      |

**3. Education and Training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name and Location | Month and YearAttended | Major | Type of DegreeAwarded | Year DegreeReceived |
| 1       | From      /       |       |       |       |
|        | To      /       |
| 2       | From      /       |       |       |       |
|        | To      /       |
| 3       | From      /       |       |       |       |
|        | To      /       |
| 4       | From      /       |       |       |       |
|        | To      /       |
| 5       | From      /       |       |       |       |
|        | To      /       |

**4. Computer skills**

Please list the platform (e.g., PC, Macintosh) and software applications with which you are most proficient.

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|         |

**5. References**Please list three references who can provide information on your current work and qualifications.

|  |  |
| --- | --- |
| 1. Name      | Title/Position      |
| Address      | Daytime Phone Number      |
| 2. Name      | Title/Position      |
| Address      | Daytime Phone Number      |
| 3. Name      | Title/Position      |
| Address      | Daytime Phone Number      |

**6. Restrictions**Do you place any restrictions on contacting your current or past employers?

|  |
| --- |
| [ ]  NO |
| [ ]  YES – Comments:       |

I hereby authorize WSSDA to contact the references and employers indicated above (except as restrictions are noted) for information relating to my achievement, performance, attendance, personal history and discipline; and waive any claims I might have against WSSDA or my references based on such information. All information on this application form and supporting documents is accurate and true to the best of my knowledge as of this date.

Signature Date

*Completed application form, cover letter, résumé and any supporting materials should be delivered to:*

**Tricia Lubach, Executive Director**

**Washington State School Directors’ Association • 225 College Street NE • Olympia, WA 98516-5313**

**Materials may be emailed to** **J.Collette@wssda.org****. Electronic documents must be provided in MS Word or PDF.**

**WSSDA IS AN EQUAL OPPORTUNITY EMPLOYER**